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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/699,963	11/05/1999	Angela Masson	99270	4776

7590   08/26/2005

Angela Masson
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OIPE — SEP 26 2005 — PATENT & TRADEMARK OFFICE

EXAMINER
TO, TUAN C

ART UNIT	PAPER NUMBER
3663	

DATE MAILED: 08/26/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Bank of America Advantage

3479

ANGELA MASSON
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63-4/630 FL
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Date 25 SEPT 05

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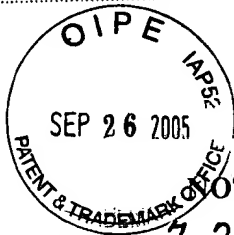
ACH R/T 063100277

ref: 09/699,963
Memo

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09/28/2005 MHOLDGE1 00000017 09699963

01 FC:2201   1400.00 OP
02 FC:2202   400.00 OP

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PTO-90C (Rev. 10/03)

OIPE
SEP 26 2005

NOTICE REQUIRING EXCESS CLAIMS FEES

The excess claim(s) filed on **7-7-05** is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of $ _____, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

☐ 1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.

☐ 2. The Credit Card payment to cover the entire fee due to Account _____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.

☐ 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.

☒ 4. The fee submitted in this application is insufficient. A balance of $ **1806** is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)). *See See Determination Record.*

☐ 5. Other.

Explanation (*Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due*): _____

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: *http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm*

Service Charges: There is a $50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a $25.00 service charge for each month when the balance of a deposit account is below $1000 at the end of the month (37 CFR 1.21(b)(2)).
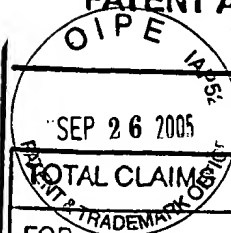
_____ (571) 272-**6583** _____
Technical Support Staff (TSS)
Note to TSS: Please do NOT use this notice if the application is under a final rejection.

PTOL-319 (Rev 5-05)

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09/699,963

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SEP 26 2005
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CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			RATE	FEE		RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FEE	150.00	OR	BASIC FEE	300.00
TOTAL CHARGEABLE CLAIMS	minus 20=	*	X$ 25=		OR	X$50=	
INDEPENDENT CLAIMS	minus 3 =	*	X100=		OR	X200=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐	+180=		OR	+360=	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

Amdt.
7-7-05

CLAIMS AS AMENDED - PART II

AMENDMENT A

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
	Total	* 48	Minus	** 20	= 28	X$ 25=	40 0.00	OR	X$50=	
	Independent	* 20	Minus	*** 3	= 17	X100=	1700	OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+180=		OR	+360=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Fee Due of $400 for Claims over 20
Fee Due of $1400 for Indept Clms of 17

AMENDMENT B

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
	Total	*	Minus	**	=	X$ 25=		OR	X$50=	
	Independent	*	Minus	***	=	X100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+180=		OR	+360=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
	Total	*	Minus	**	=	X$ 25=		OR	X$50=	
	Independent	*	Minus	***	=	X100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+180=		OR	+360=	